

AMENDED IN SENATE MARCH 31, 2016

AMENDED IN SENATE MARCH 28, 2016

**SENATE BILL**

**No. 1339**

---

**Introduced by Senator Monning**

February 19, 2016

---

An act to *amend Section 11102 of*, to add Section 10003 to, and to repeal Sections 11053 and 11053.2 of, the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

SB 1339, as amended, Monning. Public social services: intercounty transfers.

Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the Temporary Assistance for Needy Families (TANF) program, each county provides cash assistance and other benefits to qualified low-income families.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services.

Existing law establishes a statewide program to enable eligible low-income persons to receive food stamps under the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh. Existing law requires counties to implement the program, including determining eligibility and distributing CalFresh benefits. Existing law requires the State Department of Social Services to establish and implement a process of intercounty transfer of eligibility for CalFresh benefits, and to take various regulatory actions.

*Existing law requires the county where an applicant of a public assistance program lives to be responsible for paying for the aid and requires transfer of the responsibility to pay, when that person moves to another county, to the 2nd county as soon as administratively possible, but not later than the first day of the month following 30 days after notification to the 2nd county.*

*This bill would instead require the responsibility for payment of aid to transfer to the 2nd county as soon as administratively possible and within 30 days after either county becomes aware of the aid recipient's move.*

Under existing law, a recipient of aid who is changing residence from one county to another within the state is required to notify the county paying aid to the recipient of the move, and to apply for a redetermination of eligibility within the new county of residence. Existing law imposes various requirements on the relevant counties, including requiring the county to which the recipient has moved to determine the recipient's continued eligibility for payment of aid and, to the extent possible, the recipient's eligibility for the Medi-Cal program.

This bill would delete those provisions relating to the notice and redetermination of aid procedures for when a recipient of aid changes residence from one county to another within the state, including the procedures for intercounty transfer of CalFresh benefits. The bill would instead require the recipient to notify either the county from which he or she moves or the county to which he or she moves of the change of residence, and as soon as either county is aware of the move, would require that county to initiate an intercounty transfer for specified public social service benefits, which shall be transferred within 30 days after the county becomes aware of the recipient's move. The bill would prohibit, to the extent permitted by federal law and regulation, the new county of residence from interviewing recipients from another county to determine continued eligibility for the CalWORKs or CalFresh programs until the next scheduled recertification or redetermination, and would require case file documents to be shared electronically between the prior county of residence and the new county of residence. The bill would provide that a Medi-Cal beneficiary moving to a new county is entitled to medical assistance in the county that he or she is residing in at the time and would require the beneficiary to, if he or she is still enrolled in the managed care health plan in the county from which he or she moved and needs services in the new county, upon

request, be disenrolled immediately from his or her managed care plan and either receive services through the fee-for-services delivery system or be enrolled in a Medi-Cal managed care plan in the new county. Because this bill would impose additional duties on counties with regard to the provision of aid, this bill would impose a state-mandated local program.

Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.

This bill would instead provide that the continuous appropriation would not be made for purposes of implementing the bill.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 10003 is added to the Welfare and  
2 Institutions Code, to read:  
3 10003. (a) It shall be the responsibility of a recipient changing  
4 residence from one county to another to promptly notify either the  
5 county from which he or she moves or the county to which he or  
6 she moves of the change of residence. Recipients of CalWORKs,  
7 CalFresh, or Medi-Cal shall have the right to report a change of  
8 residence in person, in writing, telephonically, or, if the technology  
9 is available, electronically online and shall be advised of this right  
10 at the time of application and redetermination or recertification.  
11 If a recipient moves from one county to another county, as soon  
12 as either county is aware of the move, that county shall initiate an  
13 intercounty transfer for all benefits under this division that the  
14 recipient is receiving. Benefits for all programs for which the  
15 recipient is eligible shall be transferred within 30 days after any  
16 county becomes aware of the recipient's move in order to effectuate  
17 the earliest possible start date.

(b) To the greatest extent possible, the intercounty transfer process shall be simple and client friendly and minimize workload for county eligibility operations. The process shall ensure the applicant or recipient does not need to provide copies of documents that were previously provided to the prior county of residence, and there is no interruption in benefits.

(c) Case file documents shall be electronically shared between the prior county of residence and the new county of residence, to the extent possible, as specified by the relevant state departments.

(d) To the extent permitted by federal law and regulation, the new county of residence shall not interview recipients moving to that county from another county to determine continued eligibility for CalWORKs or CalFresh until the next scheduled recertification pursuant to 18910.1 or redetermination pursuant to section 11265.

(e) Notwithstanding subdivision (a) or any other law, a Medi-Cal beneficiary moving to a new county shall be entitled to medical assistance in the county that he or she is residing in at the time, even if he or she is enrolled in a prepaid health care plan in another county. For beneficiaries required to receive services through a Medi-Cal managed care plan, the following shall apply:

(1) If the beneficiary moves to a county that provides Medi-Cal services through a county organized health system, the beneficiary shall be enrolled in that county organized health system plan on the first day of the month the new county of residence assumes responsibility for that beneficiary.

(2) If the beneficiary is still enrolled in the managed care health plan in the county from which he or she moved and needs services in the new county, the beneficiary shall, upon request, be disenrolled immediately from his or her managed care plan and either receive services through the fee-for-services delivery system or be enrolled in a Medi-Cal managed care plan in the new county. A beneficiary may make this request by telephone, in person, or electronically online. The request shall be available for submission by the beneficiary electronically online to reduce administrative costs and increase access to medical services for Medi-Cal beneficiaries.

(f) Failure to report a move to a different county within the state in itself shall not constitute a basis for an overpayment.

SEC. 2. Section 11053 of the Welfare and Institutions Code is repealed.

1 SEC. 3. Section 11053.2 of the Welfare and Institutions Code  
2 is repealed.

3 SEC. 4. *Section 11102 of the Welfare and Institutions Code is*  
4 *amended to read:*

5 11102. ~~County~~(a) *County* residence is not a qualification for  
6 aid under any public assistance program.

7 ~~County~~

8 (b) *County* responsibility for making aid payments is determined  
9 as follows:

10 ~~(a)~~

11 (1) The county where the applicant lives shall accept the  
12 application and shall be responsible for paying the aid.

13 ~~(b)~~

14 (2) Responsibility for payment of aid to ~~any~~ a person qualifying  
15 for and receiving aid from ~~any~~ a county, who moves to another  
16 county in this state to make his *or her* home, shall be transferred  
17 to the second county as soon as administratively possible, ~~but not~~  
18 ~~later than the first day of the month following 30 days after~~  
19 ~~notification to the second county.~~ *possible and within 30 days after*  
20 *either county becomes aware of the aid recipient's move.*

21 ~~For~~

22 (c) ~~For purposes of public assistance assistance, the county in~~  
23 ~~which~~ *where* an applicant or recipient lives ~~is:~~ *is determined as*  
24 *follows:*

25 (1) For a patient in a state hospital or institution, voluntary,  
26 nonprofit, or proprietary ~~facility~~ *facility*, or other public or private  
27 institution, the county ~~from which he~~ *where he or she* was admitted.

28 (2) For a person who has had to leave the county ~~in which he~~  
29 *where he or she* normally lives, solely for the purpose of securing  
30 care not otherwise available to him *or her* in a medical facility,  
31 the county ~~in which he~~ *where he or she* last maintained a living  
32 arrangement outside a medical facility.

33 (3) For a person ~~who~~ *who*, on or after July 1, 1969, has been  
34 released or discharged from a state hospital, for a period not to  
35 exceed three years from the date of ~~such~~ *that* release, the county  
36 ~~from which he~~ *where he or she* was admitted to the hospital.

37 (4) For a person ~~who~~ *who*, prior to July 1, 1969, has been  
38 released on leave of absence from a state hospital, the county ~~from~~  
39 ~~which he~~ *where he or she* was admitted.

1     ~~SEC. 4.~~

2     *SEC. 5.* No appropriation pursuant to Section 15200 of the  
3     Welfare and Institutions Code shall be made for purposes of  
4     implementing this act.

5     ~~SEC. 5.~~

6     *SEC. 6.* If the Commission on State Mandates determines that  
7     this act contains costs mandated by the state, reimbursement to  
8     local agencies and school districts for those costs shall be made  
9     pursuant to Part 7 (commencing with Section 17500) of Division  
10    4 of Title 2 of the Government Code.